



# Unannounced Care Inspection Report 22 January 2021



## Ben Madigan Care Home

Type of Service: Nursing Home (NH)  
Address: 36 Mill Road, Newtownabbey, BT36 7BH  
Tel No: 028 9086 0787  
Inspector: Sharon McKnight

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 64 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Amore (Ben Madigan) Limited  <b>Responsible Individual(s):</b> Nicola Cooper	<b>Registered Manager and date registered:</b> Lynn Burton (acting)
<b>Person in charge at the time of inspection:</b> Lynn Burton	<b>Number of registered places:</b> 64  A maximum of 34 patients within category of care NH-DE and located within the Dementia Unit.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 46

### 4.0 Inspection summary

An unannounced inspection took place on 22 January 2021 from 08:30 to 16:50 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. RQIA received information which raised concerns in relation to staffing, communication with relatives and infection prevention and control (IPC) in the home. If RQIA is notified of a potential breach of regulations or care standards, it will review the matter and take appropriate action as required; this may include an inspection of the home. Copies of the duty roster for the period 4 – 24 January 2021 and a copy of the most recent IPC audit completed were requested and submitted to RQIA. Following review of this information RQIA decided to undertake an inspection.

The following areas were examined during the inspection:

- staffing
- care delivery, including communication with relatives
- care records
- IPC measures and the use of personal protective equipment (PPE)
- environment
- leadership and governance.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	3*	3*

\*The total number of areas for improvement includes one under the standards which has been stated for a second time. Progress with two previous areas for improvement has been restricted due to the global pandemic therefore these have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lynne Burton, manager and Tracey Henry, acting regional care director, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- staff duty rosters for weeks commencing 4, 11 & 18 January 2021
- report of the internal IPC audit completed 6 January 2021.

During the inspection we met with patients and 14 staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. No questionnaires were returned.

The following records were examined during the inspection:

- staff duty rota for the weeks commencing 18 & 25 January
- care records for four patients
- supplementary care charts including fluid intake and repositioning records
- accident and incident reports
- record of complaints and compliments
- staff registration with Nursing Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- records of audits
- monthly monitoring reports for the period September 2020 - January 2021.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 18 August 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (1) (d) <b>Stated:</b> First time	The registered person shall ensure that a full audit of the home is completed to identify what refurbishment is required to bring the environment in the home up to an acceptable standard of décor.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A full audit has been completed to identify what refurbishment is required to bring the environment in the home up to an acceptable standard of décor. This area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.  With specific reference to: <ul style="list-style-type: none"> <li>• the cleaning of wheelchairs and hoists</li> <li>• the replacement of damaged crash mats and bed rail protectors</li> <li>• the replacement of fabric furnishings in the identified areas.</li> </ul>	<b>Partially met and carried forward to the next care inspection</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>No issues were identified with the cleanliness of wheelchairs and hoists. We saw that a number of crash mats and bed rail protectors had been repaired or replaced. A number of fabric chairs had been replaced with further replacements required. The delivery and replacement of chairs has been delayed due to the current pandemic and infectious outbreak in the home. This area for improvement is assessed as partially met and, to ensure full compliance is achieved, it is carried forward for review at the next inspection.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 27 (2) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the furniture identified during this inspection is fit for purpose and not damaged.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• the identified drawer units</li> <li>• the identified mirror.</li> </ul>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that a number of drawers had been repaired since the previous inspection; however we observed some furniture which required to be repaired. This area for improvement is assessed as partially met and is stated for a second time.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 38.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the date the outcome of the Access NI check is received is recorded to confirm receipt prior to staff commencing employment.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that the date the Access NI checks are received are now recorded in the recruitment records.</p>	

<b>Area for improvement 2</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time	The registered person shall ensure that following completion of the environmental audit an action plan is put in place to address the deficits in a timely manner.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> An action plan was in place to address the deficits in the environment. However due the current global pandemic and infectious outbreak in the home not all of the actions have been completed. This area for improvement is assessed as partially met and, to ensure full compliance is achieved, it is carried forward for review at the next inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 30 <b>Stated:</b> First time	The registered person shall ensure that all limited shelf life topical lotions and creams have the date of opening recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We saw that systems were in place to ensure that topical lotions and creams were dated on opening.	

## 6.2 Inspection findings

### 6.2.1 Staffing

Prior to the inspection concerns were identified with regard to the provision of staffing. The staff rosters for weeks commencing 4, 11 & 18 January 2021 were submitted to RQIA. A review of these rotas identified that staffing was not being consistently provided; particular concerns were identified with the provision of registered nurses. This was discussed with the manager and acting care director at that time and assurances were provided of the action taken to ensure consistency of staffing numbers.

On the day of the inspection we reviewed the staff rotas for the weeks commencing 18 January and 25 January 2021. This review confirmed that the staffing numbers identified had been consistently provided and were appropriately planned for the incoming week. Observations on the day of the inspection confirmed that patients' needs were met by the staff on duty.

We spoke with fourteen members of staff, who displayed great commitment and empathy towards the patients; they had a good knowledge and understanding of patients' individual needs, wishes and preferences. All of the staff spoke compassionately of the impact of the current COVID 19 pandemic on staff, patients and relatives. The registered nurses spoke of the challenges over the past weeks when they were often working with reduced numbers and the impact this had on the time available to answer the telephones and to speak with relatives. The nurses commented positively on increase in staffing in the week prior to the inspection. All of

the staff spoken with on the day of the inspection were satisfied with the current staffing. Staffing must be kept under close review to ensure there continues to be sufficient staff to meet the needs of the patients; this was identified as an area for improvement.

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately none were returned.

### **6.2.2 Care delivery**

We spent time in the dementia units throughout the morning and in the general nursing unit in the afternoon. The atmosphere in the home was relaxed and well organised. Patients were warm and comfortable; they were nicely dressed with good attention to detail with their personal care needs evident. Due to the current pandemic some patients were being cared for in their individual bedrooms; these patients were warm and comfortable in bed. A review of records confirmed that staff assisted the patient to change their position regularly. Pressure relieving care was recorded on repositioning charts. These charts consistently evidence that the patients were assisted by staff to change their position regularly.

Staff explained that if patients were at risk of falls or becoming distressed they were encouraged to spend their day in the lounge area where patients were supported by staff to adhere to social distancing. The number of chairs in the lounge had been reduced to allow for them to be appropriately spaced. Staff were knowledgeable of the importance of social distancing but at times were challenged in maintaining it with the level of understanding many of their patients had.

Patients had their breakfast and lunch served either in the lounge, the dining room or in their bedroom depending on their personal choice or their dining needs. Patients were assisted with their breakfast and lunch in a timely manner and we observed relaxed interactions between patients and staff throughout the mealtimes. The menu generally offered a choice of two dishes at each meal. The cook explained that due to recent changes in the patients' appetites homemade soup had been introduced at each mealtime as an additional option; staff explained that this had been a positive change especially for those patients who had lost interest in eating. Ice lollipops were also provided to help increase fluid intake. Individual records of food and fluid intake were maintained for all patients. Fluid intakes were totalled at the end of each 24 hour period. Staff spoke confidently of the importance of supporting and encouraging those patients with reduced appetites and a lack of interest with eating and drinking. Patients' weights were recorded monthly to identify any patient who had lost weight. Where necessary advice was sought from the relevant health and social care trust dietetic services.

We discussed the arrangements for patients to receive visitors. Arrangements were in place to ensure patients, who were receiving end of life care, could be visited by their loved ones. Previously visiting for all patients was facilitated in the home, initially in the foyer area and more recently in a designated room which could be accessed directly from outside without visitors having to come into the home. Precautions such as a booking system, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Patients could also receive window visits from their loved ones. At the time of the inspection regular visiting was suspended in accordance with advice from the Public Health Agency (PHA). The manager confirmed that when the current infectious outbreak ends visiting arrangements, in line with the Department of Health (DOH) guidance, will be reinstated.

We discussed the arrangements in place to support care partner arrangements. Relatives had expressed their dissatisfaction, both through the home's complaint process and with RQIA, with regard to the progression of their request for care partners. There was no clear plan in place to facilitate this initiative; this was identified as an area improvement.

The Belfast Health and Social Care Trust (BHSCT) had provided a family liaison officer the weekend prior to the inspection to support patients with video calls to their relatives. On the day of the inspection equipment had arrived in the home to facilitate video calls; the activity leader was contacting families to arrange times for their call and was enthusiastic about the planned contact. Prior to this there was no evidence of action taken by management to enhance communication to mitigate against the suspension of visiting arrangements. As previously discussed staffing issues had impacted on the time available to answer the telephones and to speak with relatives. Again a number of relatives had expressed their dissatisfaction, both through the home's complaint process and with RQIA, with regard to the level of communication. The arrangements to support patients to keep in touch with their loved ones and to ensure that relatives are informed and kept up date with the daily life of their loved ones must be improved; this was identified as an area for improvement.

### **6.2.3 Care records**

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT), dieticians, physiotherapists and occupational therapists (OT) also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Staff were well informed with regard to patients' needs, what areas patients required support with and the level of assistance they required in daily life. Staff encouraged choice and independence.

We reviewed patients' needs in relation to wound prevention and care. Records confirmed that wounds were dressed in keeping with the care plan instructions. Records also evidenced that where necessary advice on the management of wounds was sought from healthcare professionals in the local health and social care trust, for example, tissue viability nurses (TVN).

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight. As previously discussed records of what individual patients eat at each meal were completed for all patients.

### **6.2.4 IPC measures and the use of personal protective equipment (PPE)**

Signage had been placed at the entrance to the home which provided advice and information about COVID-19. Hand sanitiser and PPE were available at the entrance to the home. On arrival staff checked and recorded our temperature. The manager confirmed that staff and patient temperatures were being checked twice daily and recorded. The home were part of the national COVID-19 screening programme for care homes with staff being tested every week and patients being tested monthly.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. We discussed the provision and location of clinical waste bins and the manager agreed to review the placement of bins and provide additional if required.

Staff spoken with were knowledgeable of the correct use of PPE, wore face masks and visors appropriately and were observed applying and removing PPE correctly. Staff washed and sanitised their hands as required. There were numerous laminated posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE.

We saw that patients who were required to self-isolate were being managed in accordance with best practice; self-isolating notices were displayed and PPE and clinical waste bins were located appropriately in the immediate area.

An IPC audit was completed in October 2020 by BHSCT; an internal IPC audit was also completed 6 January 2021. Action plans to address the deficits from both audits were in place. The acting care director confirmed that as part of the action plans audits were being recommenced for hand hygiene and the use of PPE.

### **6.2.5 Environment**

The atmosphere in the home was relaxed and well organised. The environment was warm and comfortable and provided homely surroundings for the patients. The home was clean and fresh smelling throughout. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails.

As previously discussed a refurbishment was in place however progress had been delayed due to the current pandemic and infectious outbreaks in the home.

### **6.2.6 Leadership and governance.**

Since the last inspection there have been changes in management and temporary arrangements were in place. RQIA were notified appropriately and updated as required. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

We looked at the records of accidents and incidents which occurred in the home; we found that all had been managed and reported appropriately.

Records were available of any complaints and compliments received. Complaints records included the detail of the complaint, the outcome of any investigations and the action taken.

We examined the reports of the visits completed on behalf of the registered provider for the period September 2020 to December 2020; visits since October were completed remotely. The importance of ensuring that the exact date the visit was undertaken is included in the report was discussed. Where any issues were identified, an action plan was reviewed and commented on at each subsequent visit.

## Areas of good practice

Areas of good practice were identified with regard to staff commitment to patient care, care delivery and the provision and usage of PPE.

## Areas for improvement

Areas for improvement were identified with the monitoring of staffing, arrangements for care partners and communication with relatives.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	2

### 6.3 Conclusion

The atmosphere in the home was relaxed and well organised. Staff were timely in responding to patients' individual needs. Staff spoke confidently of the importance of supporting and encouraging those patients with reduced appetites. We saw that the cook and staff were working together to support patients with their nutrition.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynne Burton, manager and Tracey Henry, acting regional care director, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (1) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 March 2021	<p>The registered person shall ensure that a full audit of the home is completed to identify what refurbishment is required to bring the environment in the home up to an acceptable standard of décor.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27 (2) (c)  <b>Stated:</b> Second time  <b>To be completed by:</b> 19 March 2021	<p>The registered person shall ensure the furniture identified during this inspection is fit for purpose and not damaged.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• the identified drawer units</li> <li>• the identified mirror.</li> </ul> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The identified drawers highlighted on the day of the inspection were repaired and the mirror disposed of and replacement ordered. A refurbishment and redecoration programme is in place to address the aforementioned in relation to regulation 27 (1) d.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the day of the inspection.	<p>The registered person shall that the manager keeps staffing under close review to ensure there continues to be sufficient staff to meet the needs of the patients.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The staffing levels continue to be reviewed in line with the dependency needs of each of the units and reviewed alongside the STAN dependency tool on a monthly basis as a minimum by the Home and or Deputy Manager. This is completed in conjunction with the clinical risk register. This will be monitored by the Operations Director who will ensure staffing levels are correct. Any shortfalls will be reported to her in real time with mitigating actions taken urgently.</p>

<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 44.1 <b>Stated:</b> First time <b>To be completed by:</b> 19 March 2021	<p>The registered person shall ensure that following completion of the environmental audit an action plan is put in place to address the deficits in a timely manner.</p> <p>Ref:6.1</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8 <b>Stated:</b> First time <b>To be completed by:</b> Ongoing from the day of the inspection.	<p>The registered person shall ensure that care partner arrangements are facilitated without delay and in accordance with DOH guidance.</p> <p>Ref:6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            Care partner arrangements are being facilitated alongside the current DOH guidance and internal visiting policy. Each care partner is individually risk assessed alongside needs and in line with safe visiting and the regional testing programme.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.1 <b>Stated:</b> First time <b>To be completed by:</b> Ongoing from the date of the inspection	<p>The registered person shall ensure that improvements are made to the arrangements for patients to communicate with their loved ones and to ensure that relatives are informed and kept up date with the daily life of their loved ones.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager has a communication log in place to record and detail daily contact with relatives. The activity therapist assists with virtual contact and pre-planned safe visits in the home. The registered manager will ensure that all communications with relatives are followed through in a timely manner in the case of outbreak status and or changes to the care home visiting. This will be communicated via telephone/email and or letter. Relative meetings going forward will be arranged via zoom to commence in the new quarter of the year.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)